I.



CO-PARENTING SCREENING INTAKE FORM

IDENTIFYING INFORMATION — (personal information will be kept confidential)

Free Warner									
FULL IN	FIRST	MIDDLE		LAST					
DATE C	OF BIRTH:	Se	OCIAL SECURI	ECURITY NUMBER:					
HOME ADDRESS: STREET ADDRESS OR P.O BOX				APT. #					
	City	State		ZIP					
Home Phone:		Work Phone:		_Cell:					
EMAIL ADDRESS;									
Attorne	ey's Name:								
CONT	ACT PERSON:_								
		Name		Phone Nun	nber				
	Address		City	State	ZIP				
II.	CHILDREN (Involved in this Action) Name			Date of Birth					
III.	EMPLOYMEN	ЛТ							
				Position					
	Work Addri	388:							
	WORK SCHED	ULE:		MONTHLY GROSS INCOME;					
IV.	MARITAL S	TATUS (Please Circle One)							
	HAVE YOU EVER BEEN MARRIED TO THE OTHER PARENT (CO-PARENT) OF YOUR CHILD(REN)?								
	YES	No							
	CURRENT MARITAL STATUS:								
	Married	Divorced	Separ	rated	Single				

	CUSTODY PARENT-TIME (VISITATION)								
	Is there a Current order regarding Parent Time?	YES	No						
	(If Yes):								
	1) Are the terms of your custody/parent-time order clear?	YES	No						
	2) ARE THE TERMS OF YOUR CUSTODY/PARENT-TIME ORDER BEING MET?	YES	No						
	IF NOT, WHAT IS YOUR COMPLAINT?								
	FOR NON-CUSTODIAL PARENTS ONLY:								
	In the past 30 days:								
	1. How many days were you supposed to see your child(ren)?								
	2. How many days did you actually see your child(ren)								
	In your opinion, what needs to be done to resolve this problem?								
	IN TOOK OF INTON, WHAT NEEDS TO BE DONE TO RESOLVE THIS TROBLEM.								
	HAS THERE BEEN DOMESTIC VIOLENCE WITH THE OTHER PARENT (CO-PARENT)?	YES	No						
	IF YES, PLEASE EXPLAIN:								
	Is there A Current Action Regarding Child Support? (Circle One)	Yes	No						
	IF YES, WHEN WAS THE ACTION FILED?								
	Is there a current Protective Order? (Circle One)	YES	No						